

Case Number:	CM15-0074043		
Date Assigned:	04/24/2015	Date of Injury:	04/22/2011
Decision Date:	06/11/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/17/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 49 year old female, who sustained an industrial injury on 4/22/2011. She reported a cumulative injury to the neck, back, arms, legs and hands. The injured worker was diagnosed as having cervical spinal stenosis, ulnar nerve lesion, carpal tunnel syndrome and reflex sympathy dystrophy. Cervical spine magnetic resonance imaging showed mild cord compression at cervical 5-6. Treatment to date has included physical therapy and medication management. In progress notes dated 2/23/2015 and 3/12/2015, the injured worker complains of pain, tingling and numbness in the right wrist and hand, numbness and tingling in the bilateral arms and pain in the neck that radiates to the bilateral shoulders and arms. The treating physician is requesting restore orthotics purchase and bilateral smart gloves.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Restore Orthotics (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers' Compensation, Online Edition Chapter: Elbow (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for restore orthotics. The patient currently has no foot diagnosis to warrant the use of an orthotic. According to the clinical documentation provided and current MTUS guidelines; restore orthotics is not indicated as a medical necessity to the patient at this time.

Bilateral Smart Gloves (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers' Compensation, Online Edition Chapter: Elbow (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a wrist brace. MTUS guidelines state the following: When treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day, depending upon activity. There is no indication why a regular carpal tunnel brace would not be sufficient over a smart glove. According to the clinical documentation provided and current MTUS guidelines; a smart glove is not indicated as a medical necessity to the patient at this time.